

FCC Form 481 - Carrier Annual Reporting
Data Collection Form

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	629004
<015> Study Area Name	Pa Makani LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Abigail Tawarahara
<035> Contact Telephone Number: Number of the person identified in data line <030>	8085405775 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	abbyt@sandwichisles.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 623021SIW510.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> 623021SIW610.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet			
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			
<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	629604
<015> Study Area Name	Pa Makani LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Abigail Tavarahara
<035> Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abbyt.randvichsales.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114> Report how much universal service (USF) support was received	<input type="checkbox"/>
<115> How (USF) was used to improve service quality	<input type="checkbox"/>
<116> How (USF) was used to improve service coverage	<input type="checkbox"/>
<117> How (USF) was used to improve service capacity	<input type="checkbox"/>
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

<010>	Study Area Code	G29004
<015>	Study Area Name	Pa Hakaní LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tawarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbyt@sandwichisles.com

[illegible]

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

<010>	Study Area Code	629004
<015>	Study Area Name	Pa Makani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tawarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085455775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbyc@sandwichislea.com

[illegible]

<010>	Study Area Code	639064
<015>	Study Area Name	Pa Makani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abbas Tawarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbyt@sandwichisles.com
<810>	Reporting Carrier	Pa Makani LLC
<811>	Holding Company	Waimana Enterprises, Inc.
<812>	Operating Company	dbs Sandwich Isles Wireless

[illegible]

(900) Tribal Lands Reporting
Data Collection FormFCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	629004
<015>	Study Area Name	Pa Nakani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tawarohara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbytsandwichies.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

 FCC Form 481
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 July 2013

<010>	Study Area Code	629004
<015>	Study Area Name	Pa Makani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tavarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbyt@sandwichisles.com

Please check this box to confirm no terrestrial backhaul
 options exist within the supported area pursuant to § 54.313(G)

☐

Please check this box to confirm the reporting carrier offers
 broadband service of at least 1 Mbps downstream and 256 kbps
 upstream within the supported area pursuant to § 54.313(G)

☐

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	629004
<015>	Study Area Name	Pa Makani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tavarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbyt@sandwichies.com

629004SIN1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------------------------------------------------------

<010>	Study Area Code	629004
<015>	Study Area Name	Pa. Makani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tawarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbvt.sandwichsales.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))		
<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))		
<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
<2021>	Interim Progress Community Anchor Institutions	

Name of Attached Document Listing Required Information

(8000) Rate Of Return Carrier Additional Documentation Data Collection Form	FCC Form 451 OMB Control No. 3060-0385/OMB Control No. 3060-0819 July 2013
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------

<010> Study Area Code	628004
<015> Study Area Name	Pa. Hakanj LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Ahmed I. Tawaraha
<035> Contact Telephone Number - Number of person identified in data line <030>	806405775 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	ahmed.tawaraha@hakanj.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No) ☒ (Yes) ☐ (No)

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ (Yes) ☐ (No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	629004
<015> Study Area Name	Pa Makani LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Abigail Tawarahara
<035> Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abbyt@sandwichisles.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Pa Makani LLC	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/19/2014
Printed name of Authorized Officer: Abigail Tawarahara	
Title or position of Authorized Officer: Controller	
Telephone number of Authorized Officer: 8085405775 ext.	
Study Area Code of Reporting Carrier: 629004	Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	629004
<015> Study Area Name	Pa Makani LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Abigail Tawarahara
<035> Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	abbyt@sandwichisles.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

PA MAKANI LLC dba SANDWICH ISLES WIRELESS
SERVICE OUTAGE REPORTING
DATA COLLECTION FORM

(1 page)

PA MAKANI LLC dba SANDWICH ISLES WIRELESS

OPERATING COMPANIES

DATA COLLECTION FORM

(1 page)

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0956/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	629894
<015>	Study Area Name	Pa Makani LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Abigail Tawarahara
<035>	Contact Telephone Number - Number of person identified in data line <030>	8085405775 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abbye@sandwichisles.com
<810>	Reporting Carrier	Pa Makani LLC
<811>	Holding Company	Waimana Enterprises, Inc.
<812>	Operating Company	dba Sandwich Isles Wireless

[illegible]

623021SIW510.pdf

PA MAKANI LLC dba SANDWICH ISLES WIRELESS

QUESTION #500-510

SERVICE QUALITY STANDARDS & CONSUMER
PROTECTION RULES COMPLIANCE

(1 page)

623021SIW510

Pa Makani LLC dba Sandwich Isles Wireless

Question #500-510

Service Quality Standards & Consumer Protection Rules Compliance

Consumer Protection

Pa Makani LLC dba Sandwich Isles Wireless complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Service Quality Standards

Pa Makani LLC dba Sandwich Isles Wireless (SIW) is a mobile virtual network operator (MVNO) that resells Sprint services. As such, SIW does not own the facilities that provide service to its customers. SIW complies with the applicable service standards of the State of Hawaii as promulgated in part VII of the Hawaii Public Utilities Commission General Order No. 8, entitled "Standards for Telephone Service in Hawaii" and subchapter 8 of the Hawaii Administrative Rules, Chapter 6-80, entitle "Competition in Telecommunications Services."

623021SIW610.pdf

PA MAKANI LLC dba SANDWICH ISLES WIRELESS

QUESTION #600-610

FUNCTIONALITY IN EMERGENCY SITUATIONS

(1 page)

623021SIW610

Pa Makani LLC dba Sandwich Isles Wireless

Question #600-610

Functionality in Emergency Situations



629004SIW1210.pdf

PA MAKANI LLC dba SANDWICH ISLES WIRELESS

LIFELINE SUPPORT PROGRAM

TERMS & CONDITIONS

(3 pages)



Sandwich Isles Wireless Lifeline Support Program Terms & Conditions

1. **Only ONE Lifeline discount is allowed per household**
 - a. Members of a household are not permitted to receive more than one Lifeline discount for wireline and/or wireless service
 - b. Members of a household are not permitted to receive Lifeline service for wireline or wireless services from multiple telephone companies
 - c. **Household is defined** as any individual or group of individuals who live together at the **same address and share income and expenses**
2. **ELIGIBILITY Criteria**
 - a. Customer must demonstrate participation in other Government Aid Programs; OR
 - b. Customer must demonstrate Household income at or below 135% of the Federal Poverty Guidelines
3. **Other Government Aid PROGRAMS**
 - a. If customer or anyone in customer Household participates in any of the following programs, they are eligible for Lifeline Support
 - i. Medicaid
 - ii. Food Stamps
 - iii. National School Lunch Program (NSL)
 - iv. Federal Public Housing Assistance (Section B)
 - v. Supplemental Security Insurance (SSI)
 - vi. Temporary Assistance to Needy Families (TANF)
 - vii. Low-Income Home Energy Assistance Program (LIHEAP)
 - b. Documentation required for customer to qualify under the program(s) above. The following is approved documentation. Only one is required.
 - i. Current or prior year's statement of benefits from the qualifying state or federal program
 - ii. Notice of letter of participation in the qualifying state or federal program
 - iii. Program participation document
 - iv. Other official document evidencing Customer's participation in the qualifying state or federal program
4. **INCOME Information** *[required only if non-participant in Government Aid Programs described in #3]*
 - a. Customer must report annual Household Income (i.e. the total combined income earned each year by all members of their Household)



- b. Customer must report number of people residing in Household
- c. Customer is required to show that Household's income is at or below 135% of the Federal Poverty Guidelines for a household of its size. Must provide documentation for each Household member who may have received such documentation or to whom such documentation may apply. The following is approved documentation.
 - i. Prior year's state or federal tax return
 - ii. Current income statement from an employer or paycheck stub (covering three consecutive months)
 - iii. Social Security statement of benefits [covering three consecutive months]
 - iv. Veterans Administration statement of benefits (covering three consecutive months)
 - v. Retirement/pension statement of benefits [covering three consecutive months]
 - vi. Unemployment/workmen's compensation statement of benefits [covering three consecutive months]
 - vii. Federal notice letter of participation in General Assistance
 - viii. Divorce decree, child support, or other official document containing current income information

5. Other REQUIREMENTS

- a. Customers must reside on Hawaiian Home Lands to be eligible for additional Lifeline Benefits
- b. Customers must agree to notify SIC within 30 days if they no longer qualify for Lifeline Support
- c. Customers must agree to provide new address within 30 days of moving
- d. Customers must consent to the release of name, telephone number and address to the FCC to ensure the proper administration of the Lifeline program.
- e. Lifeline Customers must be re-certified annually or as required by the FCC or the phone company



Q: 1222 & 1223

Lifeline subscribers receive the same local and toll service as a regular subscriber, but at a reduced monthly recurring rate. Current packages have an unlimited number of local and national toll calling minutes, thus Lifeline customers, as well as all SIW customers, receive an unlimited number of local and national toll calling minutes. As Sprint is the single IXC carrier serving SIW's customers, including Lifeline customers, international toll rates are similar to any Sprint customer.